

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 367396 RECEIPT DATE: 08 / 13 / 99
 IA NUMBER: PCT/ GB98 / 03756 IA FILING DATE: 12 / 15 / 98
 FAMILY NAME: MOTTISHAW DELAY WAIVED (Y/N): N
 GIVEN NAME: PETER JOHN DEMAND RECEIVED (Y/N): N
 PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 15 / 97
 NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
 ATTORNEY DOCKET NUMBER: 30980016US COUNTRY: GBX
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2033274500
 FAX 2033276401
 NAME: DAVID N KOFFSKY
 OHLANDT GREELEY RUGGIERO & PERLE
 STREET: ONE LANDMARK SQUARE
 9TH FLOOR
 CITY: STAMFORD
 STATE/COUNTRY: CT ZIP: 069012682
 EMAIL:
 APPLICATION TITLES:
 MONITORING ISDN LINKS

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER 09/367,396	FILING DATE 08/13/99	CLASS 714 370	GROUP ART UNIT 2785 2662	ATTORNEY DOCKET NO. 30980016US
-----------------------------	-------------------------	---------------------	--------------------------------	-----------------------------------

APPLICANT PETER JOHN MOTTISHAW, WEST LOTHIAN, SCOTLAND; DAVID MOIR ARCHIBALD, MIDLOTHIAN, SCOTLAND; DOUGLAS JOHN CARSON, EDINBURGH, SCOTLAND; ALISTAIR SCOTT REYNOLDS, LINLITHGOW, SCOTLAND.

****CONTINUING DOMESTIC DATA*******

VERIFIED

None D.O.

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/GB98/03756 12/15/98

OKay D.O.

****FOREIGN APPLICATIONS*******

VERIFIED	EPO	97310155.3	12/15/97
	EPO	98304246.6	05/29/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GB6	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
Verified and Acknowledged			Examiner's Initials	Initials		

ADDRESS DAVID KOFFSKY
OHLANDT GREELEY RUGGIERO & PERLE
ONE LANDMARK SQUARE
SUITE 903
STAMFORD CT 06901
PHONE: (203) 327-4500

TITLE MONITORING ISDN LINKS

FILING FEE RECEIVED \$1,014	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---